

**GRANT BASED ON-THE-JOB TRAINING  
SUMMARY REPORT OF ASSISTANCE  
EXPENDITURES FOR CALIFORNIA  
WORK OPPORTUNITY AND RESPONSIBILITY  
TO KIDS (CalWORKs) - FEDERAL-ALL FAMILIES**

For State Use: ☐ CDSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(Instructions on Reverse Side of Form)

Payments to Employers (AID CODES: 30, 3P)

SOURCE DOCUMENT

TOTAL
( )

1. Main Payroll
2. Prior Month Positives
3. Prior Month Negatives
4. Subtotal
5. Amount Payable With State And County Funds Only

**6. GRAND TOTALS**

A. Total Aid Paid (4)	B. Payable State/County Only (5)	B1. State Share (6B x .95)	B2. County Share (6B x .05)	C. Federal/State Share [(4 - 5) x 97.5%]	D. Total County Share (6A - 6B - 6C + 6B2) MOE Countable

**Certification and Signatures**

*I hereby certify under penalty of perjury that I am the official responsible for the administration of California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.*

*I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.*

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY OR AUDITOR CONTROLLER	DATE
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## INSTRUCTIONS FOR USE OF THE FORM CA 809

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. All amounts on this form must be rounded to the nearest dollar.
4. Line 1 through Line 3: Enter the amounts shown on the integrated payroll report. For non-integrated payrolls, enter the grand totals shown for each payroll.
5. Line 4: Enter the subtotal from Lines 1 through 3.
6. Line 5: Enter the total amount of payments which are payable with state and county funds only. These payments have no federal financial participation (FFP).

### **COMPUTE GRAND TOTALS FOR FEDERAL, STATE AND COUNTY SHARES AND COUNTABLE TANF MOE**

7. Line 6A: Enter the total payments to employers-- Line 4.
8. Line 6B: Enter the total state and county only fund payments -- Line 5.
9. Line 6B1: Enter the total state share -- 6B multiplied by .95.
10. Line 6B2: Enter the total county share -- 6B multiplied by .05.
11. Line 6C: Enter the total federal/state share -- [(Line 4 minus 5) multiplied by 97.5% sharing ratio].
12. Line 6D: Enter the total county share -- 6A minus 6B minus 6C plus 6B2.